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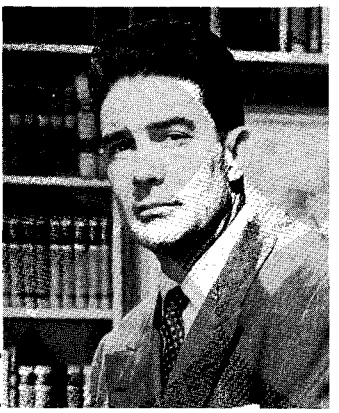

DAN SMOOT

KING-ANDERSON MEDICINE

1935-1952

Socialist planners tried to get national compulsory health insurance included in the original Social Security Act of 1935, but failed.

In 1939, the late Senator Robert F. Wagner introduced a bill permitting the states to experiment with compulsory health insurance plans. The bill failed to come to a vote.

In 1943, Senator Murray, the late Senator Wagner, and the late Congressman Dingell introduced the first Wagner-Murray-Dingell Bill, calling for a complete, federally-operated system of medical and hospital care insurance, to function within the social security system, and to be financed by increased pay-roll taxes.

The Bill died in committee.

Slightly altered, it was reintroduced in 1945, this time with President Truman's approval. It died again. In 1947, the same thing happened.

In 1950, proponents of governmentalized medicine found the approach that would work: quit trying to legislate compulsory health insurance in one great piece; just amend the Social Security Act to bring in a few people at a time.

In 1950, the Social Security Act was amended to provide money payments, medical care, and remedial treatment for needy and disabled individuals 18 years of age or older.

In 1952, Oscar Ewing (Director of the Federal Security Agency, during the Truman Administration) again created considerable agitation for extension of social security to include compulsory health insurance. The result (which was probably all that was expected anyway) was simply another election-year "extension" of the Social Security Act, edging the federal government a little further into the medical field.

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1952-1957

In 1952, Republicans gathered a lot of votes by criticizing Oscar Ewing and his scheme for a national compulsory health insurance program similar to the one that was already a proven failure in England. But, in 1953, Republicans converted Ewing's old Federal Security Agency into the Department of Health, Education, and Welfare; and they elevated Ewing's successor to the rank of cabinet officer.

In 1954, Eisenhower proposed what he called a Health Re-Insurance Plan: a scheme to appropriate, initially, 25 million dollars to guarantee or reinsure private companies writing health insurance policies that would be economically unsound without the government guarantee.

That would have been a great boon to all unethical operators in the insurance industry; but it would not have helped any needy people.

The only people in the United States who cannot provide for their own medical care, with private insurance, are the utterly destitute. These people wouldn't benefit by any cheaper rates or more lenient provisions which the government subsidies might encourage insurance companies to offer: they cannot buy health insurance at any rates. These are the people who always have been taken care of by local community-and-church efforts and by doctors who donate their services free to charity clinics.

The Eisenhower Health Re-Insurance plan of 1954 was defeated but there was, that year, another election-year "extension" of social security.

Indeed, in every election year since 1950 (1952, 1954, 1956, 1958, 1960) Congress has amended the Social Security Act to liberalize benefits, extend coverage to new groups, and draw the federal government further into the medical field.

1957-1960

Some of the biggest steps into socialized medicine were signed into law by President Eisenhower who was originally elected because of his promises to stop that sort of thing. By 1957, left-wing Democrats were thoroughly angry about the Republican technique of talking conservative while stealing the Democrats' left-wing programs and enlarging them. They decided it was time to grab at least one politically popular issue and move out in front of the Eisenhower team. They chose socialized medicine.

In 1957, U. S. Representative Aime Forand (Democrat, Rhode Island) introduced the Forand Bill—which would do essentially what the socialist planners tried to do in 1935 when they wrote the Social Security Act: that is, add medical benefits for everyone eligible for social security.

The Forand Bill made no headway in 1957 — nor in 1958, when the "practical" politicians in Washington concentrated on less controversial amendments of the Social Security Act. But during the political campaigns of 1958, practically all candidates supported by unions pledged themselves to support the Forand Bill; and candidates supported by unions won a clear majority of seats in both House and Senate of the United States Congress.

The Forand Bill made little headway in 1959, however: the Eisenhower Administration opposed it, not because it was bad, but because it was a *Democrat* measure.

During the early part of 1959, Arthur S. Flemming, Secretary of Health, Education and Welfare, made a number of statements criticizing the Forand Bill as a measure which would undermine our private-enterprise systems for providing health insurance. Mr. Flemming said we must devise some method of providing "desperately needed" medical care for the people, which would be consistent with our "traditional system of free medicine."

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But by the middle of November, 1959, Secretary Flemming was saying publicly that he had thus far failed to devise a "practical and feasible" alternative to the Forand Bill.

1960

On January 26, 1960 (having formally initiated his campaign to get the Democrat nomination for President), Senator John F. Kennedy introduced in the Senate his own version of the Forand Bill; and the "health of our people" became a major election-year issue.

Health is a marvelous issue for politicians. Standing for the "health of our people" is even better than being for motherhood and against sin. Not everyone has a mother; and some folks are not opposed to sin; but everyone is in favor of good health.

The Republicans could have driven John F. Kennedy from the national political scene in 1960 if they had had enough sense and integrity to make a *constitutional* issue of Kennedy's socialized-medicine proposals: all of the federal government's activities in the field of medicine (except an essential portion of the veterans' program) are unconstitutional, because they violate the clear provisions of the Tenth Amendment — which prohibits the federal government from doing anything not authorized in the Constitution; and the Constitution does not authorize the federal government to do anything about the health of the people.

The political propaganda for the "Forand-type" approach to medical care for the aged in 1960 was built, as always, on the false premise that millions of Americans were suffering and dying from want of medical care which they could not afford and which only the federal government could provide. Even if it were true, this liberal argument would, in itself, prove that governmental intervention in the field of medicine *harms* rather than *helps* the "health of our people": Note that the "national health picture" which all liberals were weeping about in 1960 (and today — after many years and many billions of tax dollars spent to improve the picture) was much uglier than the "national health picture" of 1930 before governmental meddling amounted to much.

Nixon Republicans in 1960 failed to raise the constitutional issue; and they accepted the false premise of the Kennedy Democrats — that *some kind* of additional governmental aid in the medical field was necessary.

On May 4, 1960, Arthur S. Flemming (who in November, 1959, had announced failure to find an alternative to the Forand scheme) announced an alternative.

The modern Republicans' socialized medicine scheme, as announced by Secretary Flemming, was, of course, presented with a Madison Avenue advertising slogan: it was called a "Medicare Program for the Aged." It was a complicated mess of federal grants-in-aid to state governments to help pay the cost of medical care for people in specified age groups within specified income groups.

This thing became Nixon's Health Proposal. Kennedy stood four-square for the "Forand approach."

The American Medical Association, instead of condemning both schemes, as it should have (on ethical, professional, logical, and constitutional grounds), supported the Nixon scheme, as a means of defeating the Kennedy scheme.

In June, 1960, the House Ways and Means Committee, by a two-to-one majority, refused to report the Kennedy-supported Forand Bill. After many modifications and changes of name and congressional sponsors, the modern Republicans' Medicare Program for the Aged became the Kerr-Mills Bill of 1960.

The Kerr-Mills Bill was originally introduced as HR 12580 on June 9, 1960, by U. S. Representative Wilbur Mills (Democrat, Arkansas).

The House passed HR 12580, by a roll-call vote of 381-23, on June 23, 1960. Senator Robert S. Kerr (Democrat, Oklahoma)

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became the chief sponsor in the Senate. The Senate passed an amended version of HR 12580, by a roll-call vote of 91-2, on August 23, 1960. On August 26, 1960, the House, by a roll call of 369 to 17, agreed to a Conference Report which incorporated substantially all of the Senate changes in HR 12580. The Senate approved the Conference Report by a roll call of 74 to 11, on August 29, 1960.

President Eisenhower signed the Kerr-Mills Bill (Public Law 86-778) on September 13, 1960.[1]

The Forand Bill was "dead." Forand retired from Congress and set up a national pressure group of old people (The National Council of Senior Citizens for Health Care Through Social Security) to agitate for expansion of social security to include medical care.[2]

1961

On February 9, 1961, President Kennedy sent Congress a "Special Message on Health and Hospital Care," proposing that medical care be provided, through the compulsory social security system, to everyone aged 65 or over who is "eligible for social security or railroad retirement benefits." The program would be financed by a ¼ of 1 percent increase in tax on employees; ¼ of 1 percent increase in tax on their employers; ⅜ of 1 percent increase in tax on self-employed persons.[3]

The President's proposal was, in essence, the Forand Bill which Congress had rejected every year since 1957.

On February 12, 1961, Representative Cecil R. King (Democrat, California) introduced HR 4222 to implement the President's program. Senator Clinton P. Anderson (Democrat, New Mexico) introduced companion legislation (S 909) in the Senate.[4]

The King-Anderson measure would not pay doctors' bills or private-nursing bills for beneficiaries, but would provide: (1) all hospital costs, in excess of $10 a day for the first nine days, for 90 days in a single illness (excluding TB and mental institutions); (2) skilled nursing-home services for 180 days immediately following a patient's discharge from the hospital. For any one illness, a beneficiary would be entitled to a maximum of 150 "units" of hospital and nursing-home care: one day in a hospital counting as one "unit," one day in a nursing-home counting as half of a "unit."

For any one illness, a patient could also receive 240 home visits by a visiting nurse and all expenses, above $20, for X-Ray and other diagnostic services in an outpatient clinic of a hospital.

The persons eligible for the benefits would be old people already eligible for old-age social security retirement benefits.[5]

Thus, the defunct "Forand Bill" came to be known as the King-Anderson Bill.

Congress took no action on the King-Anderson Bill in 1961. The only major piece of "medical" legislation enacted in 1961 was the Community Health Services and Facilities Act — increasing federal grants-in-aid to states for public health services and nursing home construction, and authorizing new programs to develop more efficient hospital facilities and out-of-hospital services for the aged and chronically ill. President Kennedy signed this Bill on October 5, 1961.[6]

President Kennedy put very little pressure on Congress to enact the King-Anderson Bill, or other "medical" legislation in 1961, because he was waiting for another election year — to make the "health of our people" a major campaign issue again.

By the end of 1961, Kennedy Administration officials were convinced that the King-Anderson program for social security medical care was the best vote-buying issue they could get for 1962. Abraham A. Ribicoff, Secretary of Health, Education and Welfare (and also one of Kennedy's chief political advisers) was calling the social security approach to

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medical care "the hottest political issue in the country."[7]

The New York Times of December 28, 1961, reported that Secretary Ribicoff was mobilizing all the vast resources of his Department to lobby for the King-Anderson legislation in 1962.

1962

On February 27, 1962, President Kennedy sent Congress a "Special Message on Health Care," urging a 14-point health program. The President proposed:

(1) *Enactment of the King-Anderson Bill to provide medical care for the aged under social security.*

(2) *Enactment of the Health Professions Educational Assistance Act (HR 4999) which was introduced in 1961 but never got out of committee.* This Act would initiate a 10-year program of federal assistance to medical and dental schools, for new facilities and for four-year federal scholarships to students.

(3) *Federal aid to states for a three-year crash program of vaccinating all children under five against polio, diphtheria, whooping cough, tetanus, and other infectious diseases.* The federal government would pay the full cost of all vaccines for this mass immunization program, and would assist the states with administrative costs.

(4) *Vast expansion of federal activity in financing Health Research:* increasing the National Institutes of Health Budget; establishing a new Institute for Child Health and Human Development within the National Institutes of Health; authorizing Children's Bureau contracts and cooperative arrangements for research into maternal and child health and crippled children's services; elevating the National Institutes of Health Division of General Medical Sciences to the status and title of an Institute; and extending the Health Research Facilities Act. All of these proposals for expansion of federal "Health Research" were repetitions of previous proposals on which Congress failed to take action in 1961.

(5) *Vast expansion of federal activities in the field of Mental Health.* In proposing his new Mental Health program, the President said:

"Since the enactment in 1946 of the National Mental Health Act, the Federal Government has provided substantial assistance for the support of psychiatric research, training of personnel and community mental health programs. The government is currently spending over 1 billion dollars annually for mental health activities and benefits. The National Institute of Mental Health alone will use approximately 100 million dollars this year. Approximately 350 million dollars is budgeted by Federal agencies for the care of the mentally ill; over 500 million dollars is spent annually in the form of pensions and compensation for veterans with neuro-psychiatric disorders; and additional sums for similar benefits are paid by the social security and other Federal disability programs.

"But far more needs to be done. . . .

"I have directed the Secretary of Health, Education, and Welfare, the Secretary of Labor, and the Administrator of Veterans Affairs, with the assistance of the Council of Economic Advisers and the Bureau of the Budget, to review the recommendations of the Joint Commission on Mental Illness and Health and to develop appropriate courses of action for the Federal Government."

(6) *A program to combat mental retardation.* The President said he would make specific recommendations after receiving a report from a special Panel on Mental Retardation, which he appointed in 1961.

(7) *A program to reduce environmental hazards.* The President asked the House to enact S 455, a Bill passed by the Senate in 1961 to strengthen federal efforts at preventing and controlling air pollution; asked for the establishment of a National Environmental Health Center; and demanded increased appropriations for research on pollution and radiation problems.

(8) *A five-year program of federal loans for construction and equipment of group-practice medical and dental facilities.* This was

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one of the President's "health proposals" which were new.

(9) *A new program of federal aid to states to provide health facilities and services for migrant workers; and enactment of S 1130 (passed by the Senate in 1961) to enlarge Federal Public Health Service activities for migrants.*

(10) *Reorganization and expansion of Public Health Service to improve the administration of community health programs and environmental research.*

(11) *Enlargement of the Health Facilities Construction Program.* This program was "enlarged" in 1961 when Congress passed the Community Health Services and Facilities Act, increasing federal grants-in-aid to states for public health services and nursing home construction, and authorizing new programs to develop hospital facilities and out-of-hospital services for the aged and chronically ill.

(12) *Enlargement of Public Health Service Facilities for Merchant Seamen.*

(13) *Increased national emphasis on physical fitness* (especially in children), "based on daily vigorous activity and sound nutritional and health practices."

(14) *A program to "help fulfill the health needs and expectations of less developed nations."*[8]

The Federal Government is *already* providing partial or complete medical care to about 30 million persons — operating one-third of all hospitals in the United States, containing 60 percent of all hospital beds; and financing fifty percent of all medical research.[3]

The Kennedy 14-point medical program of 1962 is not intended to replace Kerr-Mills or any other federal program: it is intended to be in *addition* to all existing federal programs.

The real vote-getter in the Kennedy program is, of course, the King-Anderson Bill for extending medical care to the aged under social security.

Although he started in December, 1961, converting the executive branch of government into a vast lobbying organization for the King-Anderson Bill — and made his formal medical program proposals in February, 1962 — President Kennedy waited until May, 1962, to make the big public "push" for the legislation.

On May 20, 1962, Dr. Howard A. Rusk, in a *New York Times* article, said:

"Behind the scenes . . . the White House staff has planned its strategy carefully.

"This strategy is based on the . . . fall elections. President Kennedy and his aides recognize that in medical care for the aged the Administration has a politically powerful election issue. . . .

"Timing has played a significant role in the Administration's strategy; and the closer a showdown vote in the Congress comes to election day, the greater becomes its political significance. . . .

"The biggest Administration push for the plan to date will come this afternoon when President Kennedy speaks on the issue at a rally being held at Madison Square Garden."

The President's speech at a mass meeting in Madison Square Garden, on May 20, 1962, was nationally televised, and served as a rallying call to mass gatherings held simultaneously in 32 other major cities, where Cabinet members and other federal officials also spoke in favor of the King-Anderson Bill.

The rallies (including the one at Madison Square Garden) were co-sponsored by Aime Forand's organization, the National Council of Senior Citizens For Health Care Through Social Security, and by the Golden Ring Council of Senior Citizens.[9]

Dr. Leonard W. Larson, President of American Medical Association, in a statement at Chicago the day before the Kennedy Administration's nationwide rallies, said that "the U.S. Treasury is being looted" to promote the President's medical-political scheme. Dr. Larson said:

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"Tax money is being scooped out of the treasury; and government officials and employees are being turned loose, in numbers we cannot count, in a massive propaganda blitz designed to pressure Congress into enacting the King-Anderson Bill . . . a bill that millions of Americans do not want. . . .

"How were these rallies organized, who is masterminding and coordinating them, who is really behind the National Council of Senior Citizens, where is this organization getting its money, and why isn't it registered as a lobbyist? . . .

"Hordes of government employees and officials from numerous executive departments are roaming the country at taxpayers' expense as itinerant salesmen for the King-Anderson Bill, misrepresenting the product and promising things they cannot deliver."(10)

By the first of June, 1962, the King-Anderson Bill had been whipped into the biggest domestic political issue of the year; but the Bill was still in the House Ways and Means Committee—with only dim prospects of being reported before final adjournment of the 87th Congress.

Arguments Against Socialized Medicine

Advocates of the King-Anderson Bill, and of all similar measures, hotly deny that such programs have anything to do with socialized medicine. But they *are* socialized medicine. *Socialized* medicine is *governmental* medicine. Medical activity in the United States is already more than 35 percent governmentalized—that is, paid for (and, consequently, controlled) by the federal government.

The American people should need only one argument to spur outraged public opposition to the pending King-Anderson Bill — and to the Kerr-Mills Act and scores of others already on the statute books: the argument that all such legislation violates fundamental provisions and principles of our Constitution.

There are also many "practical" arguments against governmental meddling in the field of medicine.

Whenever government enters a field of private activity, that field becomes a political battleground. Whenever you mix politics with medicine, doctoring becomes a *political* instead of a *medical* activity.

But the primary reasons for the inevitable failure of governmental medicine can be found in the patients themselves. When people are forced to pay for something whether they want it or not, they are inclined to use as much of it as they can in an effort to get their money's worth.

Malingerers are people who pretend to be sick in order to get sick-pay, social security benefits, free hospitalizations, or a rest at government expense. Hypochondriacs are people who think they are sick, but aren't. There are countless thousands of such people. No system has ever been devised for definitely identifying them, for weeding out the unnecessary or unreasonable or dishonest demands made upon the medical care services — no system, that is, except the one existing in a free society where a person must pay his own doctor bill or is controlled by provisions of an insurance policy which he himself has bought.

No compulsory health insurance program has found a means to discourage racketeers or petty complainers who make useless trips to the doctor and monopolize professional time that should be spent on people really needing care.

What To Do

Lack of money is not the cause of major national health problems in the United States. In fact, many of our *national* health problems seem to result from the kind of living which our abundant prosperity has made possible.

But if money would solve our health problems, the perfect solution is obvious: repeal the income tax and compel the federal government to stop plundering Americans of their own money for gifts and loans and bribes to foreign governments and for the multitude of danger-

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ous, wasteful, illegal, and immoral vote-buying domestic subsidy programs.

That would leave individuals with enough money to buy whatever kind and quantity of insurance they happen to want. And it would leave enough wealth in every American community to provide adequate clinics and facilities and medicines for the helpless and destitute who do exist in every community and who are a community responsibility.

Even if the King-Anderson Bill is defeated in the present session of Congress, similar bills will come up again in every session, until the socialists get what they want.

The way to *stop* this relentless drive toward governmentalized medicine is to repeal the income tax amendment so that the Washington plunderers cannot get enough of our money to pay for their schemes.

If you want to do something specific and helpful, write to your elected representatives urging opposition to the King-Anderson Bill, and to any similar legislation that may be proposed in the future.

And then write them to support HR 11492, a Bill introduced by U.S. Representative Bruce Alger on April 30, 1962, to eliminate the withholding of income tax from wages and salaries. Once withholding is eliminated, the American people will quickly get in a mood to demand repeal of the income tax. Repeal of the income tax would automatically eliminate most of the governmental programs that are destroying our constitutional system.

FOOTNOTES

(1) *1960 Congressional Quarterly Almanac*, pp. 148 ff.
(2) *The New York Times*, December 28, 1961, pp. 1, 25
(3) *Legislative Analysis: HR 4222 and S 909, Proposals To Provide Health Care For The Aged Under Social Security*, published and distributed as Report No. 9, on May 1, 1962, by the American Enterprise Association, 1012 Fourteenth Street, N.W., Washington, D. C.
(4) *Congressional Quarterly Weekly Report*, January 5, 1962, p. 19
(5) *Congressional Quarterly Weekly Report*, January 5, 1962; and *U.S. News & World Report*, June 4, 1962
(6) *1961 Congressional Quarterly Almanac*, p. 201
(7) *Congressional Quarterly Weekly Report*, January 5, 1962, p. 19
(8) "Text of President Kennedy's Feb. 27 Health Care Message," *Congressional Quarterly Weekly Report*, March 2, 1962
(9) *Congressional Quarterly Weekly Report*, p. 878, May 25, 1962
(10) Associated Press dispatch in *The Dallas Morning News*, May 20, 1962

WHO IS DAN SMOOT?

Dan Smoot was born in Missouri. Reared in Texas, he attended SMU in Dallas, taking BA and MA degrees from that university in 1938 and 1940.

In 1941, he joined the faculty at Harvard as a Teaching Fellow in English, doing graduate work for the degree of Doctor of Philosophy in the field of American Civilization.

In 1942, he took leave of absence from Harvard in order to join the FBI. At the close of the war, he stayed in the FBI, rather than return to Harvard.

He worked as an FBI Agent in all parts of the nation, handling all kinds of assignments. But for three and a half years, he worked exclusively on communist investigations in the industrial midwest. For two years following that, he was on FBI headquarters staff in Washington, as an Administrative Assistant to J. Edgar Hoover.

After nine and a half years in the FBI, Smoot resigned to help start the Facts Forum movement in Dallas. As the radio and television commentator for Facts Forum, Smoot, for almost four years spoke to a national audience giving both sides of great controversial issues.

In July, 1955, he resigned and started his own independent program, in order to give only one side — the side that uses fundamental American principles as a yardstick for measuring all important issues.

If you believe that Dan Smoot is providing effective tools for those who want to think and talk and write on the side of freedom, you can help immensely by subscribing, and encouraging others to subscribe, to *The Dan Smoot Report.*

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